## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
20988 7590	9		Certificate of Mailing or Transmission				
OGILVY RENAULT LLP 1, Place Ville Marie SUITE 2500 MONTREAL, QC H3B 1R1 CANADA				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				(Depositor's name)			
			_			(Signature)	
			<u> </u>			(Date)	
<u> </u>	FILING DATE		FIRST NAMED INVENTOR	₹	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/593,563 TITLE OF INVENTION: METHOI	06/26/2007 D FOR PERMAN	ENT CALIBRATIO	Benoit Chouinard N BASED ON ACTUAL	MEASUREMENT	15228-39US	1647	
APPLN. TYPE SMALL	ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional N	10	\$1510	\$300	\$0	\$1810	12/23/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
COSIMANO, EDWARD R		2863	702-085000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESID: PLEASE NOTE: Unless an assig recordation as set forth in 37 CFR (A) NAME OF ASSIGNEE ORTHOSOFT INC.	gnee is identified 3.11. Completion	below, no assignee on of this form is NOT	data will appear on the p. Ca substitute for filing an (B) RESIDENCE: (CITY Montreal, Que	atent. If an assigned assignment.  and STATE OR Colbec, CANADA			
			<ul> <li>D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _ 19-5113 (enclose an extra copy of this form).</li> </ul>				
<ul> <li>Change in Entity Status (from sta</li> <li>a. Applicant claims SMALL El</li> </ul>		e)	_		L ENTITY status. See 37 CF		
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Authorized Signature				November 4, 20			
Typed or printed name T. James Reid				Registration No	56,498		
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